

LAW OFFICES  
**BLOOSTON, MORDKOFKY, DICKENS, DUFFY & PRENDERGAST, LLP**  
2120 L STREET, NW, SUITE 300  
WASHINGTON, DC 20037

HAROLD MORDKOFKY  
BENJAMIN H. DICKENS, JR.  
JOHN A. PRENDERGAST  
GERARD J. DUFFY  
RICHARD D. RUBINO  
MARY J. SISAK  
D. CARY MITCHELL  
SALVATORE TAILLEFER, JR.

(202) 659-0830  
FACSIMILE: (202) 828-5568

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES  
BUENOS AIRES, ARGENTINA

EUGENE MALISZEWSKYJ  
ENGINEERING CONSULTANT

ARTHUR BLOOSTON  
1914 - 1999

June 29, 2015

ORIGINAL

WRITER'S CONTACT INFORMATION

(202) 828-5554  
mjs@bloostonlaw.com

REDACTED- FOR PUBLIC INSPECTION

*VIA HAND DELIVERY AND ECFS*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, SW  
Room TW-A325  
Washington, DC 20554

ACCEPTED/FILED

JUN 29 2015

Federal Communications Commission  
Office of the Secretary

Re: **WC Docket No. 14-58**  
**FCC Form 481 - Carrier Annual Reporting Data Collection Form**  
**City of Brookings Municipal Telephone Department (SAC 391650)**

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules, City of Brookings Municipal Telephone Department (Brookings or the Company), by its attorney, hereby submits two copies of its FCC Form 481-Carrier Annual Reporting Data Collection Form, which was timely filed with the Universal Service Administrative Company and will be filed with the appropriate state commission on or before July 1, 2015 and which has been redacted to remove the confidential Five-Year Service Quality Improvement Plan and Progress Report. A letter requesting confidential treatment of this information is attached. The Company also is submitting a redacted copy of the FCC Form 481 via the Electronic Comment Filing System.

No. of Copies rec'd 041  
List ABCDE

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Please contact the undersigned if you have any questions.

Respectfully submitted,  
**City of Brookings Municipal  
Telephone Department**

/s/ Mary J. Sisak  
Mary J. Sisak  
Its Attorney

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1914 - 1999

June 25, 2015

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Marlene H. Dortch, Secretary  
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Room TW-A325  
Washington, DC 20554

**ACCEPTED/FILED**

**JUN 29 2015**

Federal Communications Commission  
Office of the Secretary

**Re: Rule Section 0.459 Request for Confidential Treatment  
City of Brookings Municipal Telephone Department (SAC 391650)  
FCC Form 481 - Carrier Annual Reporting Data Collection Form**

Dear Ms. Dortch:

City of Brookings Municipal Telephone Department (Brookings or the Company), by its attorney, hereby requests, pursuant to Section 0.459 of the Commission's Rules, that the Company's "5 Year Plan Progress Report" (Progress Report) and its initial "Five-Year Service Quality Improvement Plan" (Five-Year Plan) filed with the FCC Form 481, be withheld from public inspection and afforded confidential treatment. Because of the competitively sensitive nature of the information, Brookings seeks to maintain confidentiality for the Progress Report and Five-Year Plan it has submitted to the Commission in connection with its FCC Form 481. The unredacted Form 481 has been marked **CONFIDENTIAL INFORMATION -- SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.** A redacted version for public inspection and marked **REDACTED- FOR PUBLIC INSPECTION**, has been submitted via the FCC's electronic filing system.

In accordance with Section 0.459(b) of the Commission's Rules, the Company states:



1. Information for which confidential treatment is sought and proceeding.

The specific information for which confidentiality is sought is the attachment to the Company's Form 481 detailing the Company's Progress Report and its initial Five-Year Plan. The Five-Year Plan provides information concerning annual projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019, and projected capital expenditures and operating expenses for voice and broadband services during the same five-year period. The Progress Report provides information on the progress in network improvements and upgrades during 2015.

2. Degree to which the information is commercial or financial or contains a trade secret or is privileged.

The information for which Brookings seeks confidential treatment is competitively sensitive data that Brookings maintains as confidential and does not make available to the public. The information is competitively sensitive projected network improvements and upgrades for voice and broadband services and projected capital expenditures and operating expenses for voice and broadband services for the period 2015 through 2019 and actual data for 2015 which, if made available to competitors and alternative providers, would provide such entities with valuable information regarding Brookings' customer base and plans. This information would assist competitors in targeting their marketing efforts. Brookings is subject to actual and potential competition with respect to all of its services. The Five-Year Plan and Progress Report provide insight into Brookings' strategy and degree of success with specific types of services in its service area. If competitors are able to gain an unfair advantage by obtaining such a detailed picture of Brookings' strategies and successes, they may be able to anticipate Brookings' strategic initiatives in a targeted way. Thus, the filing contains information about the company's business plans that is clearly "commercial" and "financial" in nature. The information is confidential and entitled to protection because the disclosure of the information is likely to cause substantial harm to the competitive position of the person from whom the information is obtained.

3. Degree to which the information concerns a service that is subject to competition; and manner in which disclosure of the information could result in substantial competitive harm.

As shown above, the information for which Brookings seeks confidential treatment is competitively sensitive information which, if made available to competitors and alternative providers, would provide those entities with valuable information concerning Brookings' customer base and strategic plan.

4. Measures taken by Brookings to prevent unauthorized disclosure and availability of the information to the public.

As shown above, Brookings maintains the data for which confidential treatment is requested as confidential and does not make it available to the public.


Marlene H. Dortch, Secretary  
June 25, 2015  
Page 3 of 3

5. Justification of the period during which Brookings asserts the material should not be available for public disclosure.

Brookings requests that this information be accorded confidential treatment until such time as it is publicly disclosed by Brookings. An indefinite period of confidentiality is required because the information is projected information that provides insight into the Company's confidential strategies and business successes even after the period has expired. For example, the fact that projected projects are not undertaken would also provide valuable competitive information about Brookings' strategies and successes to competitors.

All correspondence and inquiries in connection with this request should be addressed to Brookings' counsel, whose facsimile number is 202-828-5568 and whose email address is [mjs@bloostonlaw.com](mailto:mjs@bloostonlaw.com).

Respectfully submitted,  
**City of Brookings Municipal  
Telephone Department**

  
Mary J. Sisak  
Its Attorney



FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 391650  
<015> Study Area Name CITY OF BROOKINGS  
<020> Program Year 2016  
<030> Contact Name: Person USAC should contact with questions about this data Laura Julius  
<035> Contact Telephone Number: Number of the person identified in data line <030> 6056926325 ext.  
<039> Contact Email Address: Email of the person identified in data line <030> l.julius@swiftel-bmu.com

ACCEPTED/FILED  
JUN 29 2015  
Federal Communications Commission  
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS

		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> -- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	391650SD510.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	391650SD610.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	391650SD1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bnu.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

391650SD112.pdf, 391650SD112 redacted 2015.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

## Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

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(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@ewiftel-bau.com

[illegible]



(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bmu.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

[illegible]

-- See attached worksheet

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(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swift1-bmu.com

[illegible]

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(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 391650  
 <015> Study Area Name CITY OF BROOKINGS  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Laura Julius  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6056926325 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> l.julius@swiftel-bmu.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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## (1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bmu.com

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP [swiftel.net/wp-content/uploads/2015/06/LifeLinePamphlet03062015.pdf](http://swiftel.net/wp-content/uploads/2015/06/LifeLinePamphlet03062015.pdf)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

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## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	J91650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	LAURA JULIUS
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056920325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swille1-bml.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification [47 CFR § 54.313(b)(1)i]  
 <2011a> 3rd Year Certification [47 CFR § 54.313(b)(1)ii]  
 <2011b> Attachment [47 CFR § 54.313(b)(1)ii]


Name of Attached Document(s) Listing Required Information

## Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


## Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband


## Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

--

- <2021> Interim Progress Community Anchor Institutions

--

Name of Attached Document(s) Listing Required Information

REDACTED - FOR PUBLIC INSPECTION



## (3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 391650  
 <015> Study Area Name CITY OF BROOKINGS  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data LAURA JULIUS  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6056926325 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> l.julius@avivice-bmu.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

391650SD3010.pdf

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

391650SD3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

391650SD3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION



(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	LAURA JULIUS
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926125 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ljulius@viffel-bmw.com

Financial Data Summary

(3027) Revenue

37007090

(3028) Operating Expenses

33010415

(3029) Net Income

2883559

(3030) Telephone Plant In Service(TPIS)

75814220

(3031) Total Assets

51065369

(3032) Total Debt

15503370

(3033) Total Equity

32698878

(3034) Dividends

0

REDACTED - FOR PUBLIC INSPECTION



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CITY OF BROOKINGS
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2015
Printed name of Authorized Officer:	Steve Meyer
Title or position of Authorized Officer:	Executive Vice President / General Manager
Telephone number of Authorized Officer:	6056926325 ext.
Study Area Code of Reporting Carrier:	391650 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	l.julius@swifcel-bmu.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



REDACTED - FOR PUBLIC INSPECTION

## Attachments